

DEC 26 2006

<b>FEE TRANSMITTAL FOR FY 2006</b>		APPLICATION # 10/795,963
		FILING DATE: 3/7/2004
		INVENTOR: Gore
		ATTORNEY DOCKET NO: 017516-001520
		EXAMINER'S NAME: REKSTAD
<b>TOTAL AMOUNT OF PAYMENT</b>	\$ 100	ART UNIT 2621
		CONFIRMATION NUMBER: <del>2621</del> 8624 C.R.

<b>Method of Payment</b>																																
Deposit Account Deposit Account Number: 50-3404 For the above – identified deposit account the Director is hereby authorized to:																																
<ul style="list-style-type: none"> <li>Charge fee(s) indicated below and any additional fees(s) or underpayments of fees(s). Please credit any overpayments</li> </ul>																																
<b>AMENDMENT FEE CALCULATION</b>																																
<table> <tr> <td><b>2. Excess Claim Fees</b></td> <td></td> <td><u>Small Entity</u></td> </tr> <tr> <td><u>Fee Description</u></td> <td><u>Fee</u></td> <td><u>Fee(\$)</u></td> </tr> <tr> <td>For Each claim over 20</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> <tr> <td colspan="3"> <u>Total Number of Claims:</u> 22 (PREVIOUSLY PAID FOR OR ALLOWED - 20) </td> </tr> <tr> <td colspan="3"> <u>Total Number of Additional Claims</u> 2  2X50 = 100 </td> </tr> <tr> <td colspan="3"> <u>Extra claims</u>  Number of Independent Claims: 3 (PREVIOUSLY PAID FOR OR ALLOWED - 3)  Extra Independent Claims  Multiple Dependent Claims </td> </tr> <tr> <td colspan="3"> <u>Total Number of Additional Independent Claims:</u> 0  1X200 = 200 </td> </tr> <tr> <td colspan="2"><b>TOTAL FEES</b></td> <td><b>\$100</b></td> </tr> </table>			<b>2. Excess Claim Fees</b>		<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee</u>	<u>Fee(\$)</u>	For Each claim over 20	50	25	Each independent claim over 3	200	100	Multiple dependent claims	360	180	<u>Total Number of Claims:</u> 22 (PREVIOUSLY PAID FOR OR ALLOWED - 20)			<u>Total Number of Additional Claims</u> 2 2X50 = 100			<u>Extra claims</u> Number of Independent Claims: 3 (PREVIOUSLY PAID FOR OR ALLOWED - 3) Extra Independent Claims Multiple Dependent Claims			<u>Total Number of Additional Independent Claims:</u> 0 1X200 = 200			<b>TOTAL FEES</b>		<b>\$100</b>
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SUBMITTED BY:

  
Christopher Allenby  
Registration No. 45906

Date 26 Dec 06

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**Fax**

To:	USPTO	From:	Christopher Allenby <i>CBT</i>
Fax:	571-273-8300	Pages:	15
Phone:		Date:	December 26, 2006
Re:	USSN 10/795,963	CC:	

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I HEREBY CERTIFY THAT THIS CORRESPONDENCE:

Amendment and Fee Transmittal

IS FACSIMILE TRANSMITTED TO THE US: COMMISSIONER FOR PATENTS, at 571-273 8300  
ON THE DATE SHOWN BELOW.

ON

12/26/06 *[Signature]*  
Anne Wilcock

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/795,963

Confirmation No.: 8624

Applicant(s): Gere et al.

Filing Date: 7 March 2004

Title: "Stereo Imaging System and Method  
For Use in Telerobotic Systems"

TC/Art Unit: 2621

Examiner: Reckstad, E.

Docket No.: 017516-001520US

**Amendment**

Date: 26 December 2006

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE OF TRANSMISSION BY FACSIMILE**

I hereby certify that this correspondence is being facsimile  
transmitted to the United States Patent and Trademark Office (Fax  
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Sir:

This communication responds to the Action mailed 5 October 2006 (the "Office Action").

**Amendments to the Claims** are in the listing of claims which begins on page 2 of this  
paper.

**Remarks/Arguments** begin on page 11 of this paper.

12/29/2006 MBELETE1 00000090 503404 10795963

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